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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/758,448 | |
| | Filing Date | 01/15/04 | |
| | First Named Inventor | McVay et al. | |
| | Art Unit | 3764 | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 23156-151 |

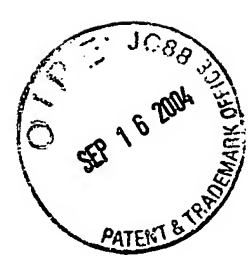
| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | Return Receipt Postcard |
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| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Gregory S. Kolocouris, Reg. No. 47,714 Benesch, Friedlander, Coplan & Aronoff LLP |
| Signature | <i>[Signature]</i> |
| Date | 9/14/04 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| Typed or printed name | Christina R. Correll | | |
| Signature | <i>Christina R. Correll</i> | Date | 9/14/04 |

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Application Information

Title::

VARIABLY CONFIGURED EXERCISE DEVICE

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

1

Total Drawing Sheets::

6

Small Entity::

Yes

Attorney Docket No::

23156-151

Applicant Information

Applicant Authority Type::

Inventor

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Middle Name::

R.

Family Name::

McVay

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State or Province of Residence::

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Country of Residence::

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Zip Code of Mailing Address::

44712

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| Country of Mailing Address:: | United States of America |
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| State or Province of Mailing Address:: | Ohio |
| Country of Mailing Address:: | United States of America |
| Zip Code of Mailing Address:: | 44662 |

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| City of Mailing Address:: | Fairlawn |
| State or Province of Mailing Address:: | Ohio |
| Country of Mailing Address:: | United States of America |
| Zip Code of Mailing Address:: | 44333 |

Correspondence Information

| | |
|----------------------------------|-------|
| Correspondence Customer Number:: | 21130 |
|----------------------------------|-------|

Representative Information

| | |
|----------------------------------|-----------------------|
| Representative Customer Number:: | 21130 |
| Representative Designation:: | Primary |
| Representative Name:: | Gregory S. Kolocouris |

Domestic Priority Information

NONE

Assignment Information

| | |
|--|--------------------------|
| Company Name:: | Fitness Quest Inc. |
| State of Incorporation:: | Delaware |
| City of Business:: | Canton |
| State or Province of Business:: | Ohio |
| Country of Business:: | United States of America |
| Street of Mailing Address:: | 1400 Raff Road SW |
| City of Mailing Address:: | Canton |
| State or Province of Mailing Address:: | Ohio |
| Country of Mailing Address:: | United States of America |
| Zip Code of Mailing Address:: | 44750 |